

CLAIMS ONLY						Application Number	Filing Date			
						10/672352	Applicant(s)			
						* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			/				51			
2				/			52			
3			=====	=====			53			
4				/			54			
5				/			55			
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44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep			/				Total Indep			
Total Depend			4				Total Depend			
Total Claims			5				Total Claims			